

Foster Family Home - Corrective Action Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-10

94-110 Leowaena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/23/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 7/23/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist:

Comment:

54.(c)(5)- Noted medication discrepancies for Client #1, Client #2, and Client #3.

Client #1 - One medication label does not match the doctor's order and the Medication Administration Record (MAR). One medication was not transcribed in the MAR.

Client #2 - there were two medications that don't match the doctor's orders and the Medication Administration Record.

Client #3- one medication has no label.

Maribel Nakamine, RN 6/23/2020
Compliance Manager Date

Leonora Gozon-Tagalog 6/23/2020
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Leonora Gozon- Tagalog

(PLEASE PRINT)

CCFFH Address: 94-110 Leowaena Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	CG#1 contacted Client #1, Client #2, and Client #3's doctors and CMA RNs to assist in correcting each medications discrepancies. Medication Administration Records (MAR) were updated and filed in each client's charts.	7/13/20	CG#1 and all caregivers will double check each existing and new medications with the doctor's order, medications labels, and MARs. If anything doesn't match, either doctor and CMA RNs/or Pharmacy will be contacted.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Leonora Gozon-Tagalog

Date: 8/10/2020

CTA has reviewed all corrected items